

Work Order ID 100089

Thursday, April 18, 2013 8:06:41 AM

\*100089\*

Page 1

Item ID: D4002-5

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Item Name: Hose Assembly

Stop \*NS2\*

Start Date: 4/18/2013 Start Qty: 6.00

Required Date: 5/3/2013 Req'd Qty: 6.00

Cust Item ID:

Customer:

Reference:

Approvals:

Process Plan: *MF*

Date: 13-4-18

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

Draw Nbr

Revision Nbr

D4002

D

100

0.00

\*100\*

Purchasing

Memo

0.00

Purchasing

Issue P/O: 19618  
Purchase part as per Dwg D4002  
Part #: 156003-6D-0102  
Possible Supplier: Aviall / API  
Material release note required

13-04-18

110

Receive & Inspect for Damage & Mat'l Certs

0.00

\*110\*

Packaging

Memo

0.00

Packaging

13/4/22

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
---	---	---

☐ Ovalized  
☐ Over/Under tolerance  
☐ Part Incorrect  
☐ Part Lost/Missing  
☐ Part Moved  
☐ Positioned Wrong  
☐ Power Loss/Surge

☐ Pressure/Forced  
☐ Temperature/Cure  
☐ Weld  
☐ Wrong Stock Pulled  
☐ Other

Work Order ID 100089

\*100089\*

Page 2

Thursday, April 18, 2013 8:06:41 AM

Item ID: D4002-5

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Item Name: Hose Assembly

Stop \*NS2\*

Start Date: 4/18/2013 Start Qty: 6.00

\*6\*

Cust Item ID:

Required Date: 5/3/2013 Req'd Qty: 6.00

\*6\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

120

QC6- Inspect dimensions to drawing

0.00

DAS  
27  
2.00

\*120\*

QC

Memo

0.00

13-4-23

Quality Control

10

130

Identify as per dwg & Stock Location: *SI 194* 0.00

0.00

\*130\*

Packaging

Memo

0.00

Packaging

10x

*80*  
13-4-23

140

QC21- Final Inspection - Work Order Release

0.00

\*140\*

QC

Memo

0.00

Quality Control

*13/4/25*

*13-4-24*

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: <u>100089</u> Part No. <u>D4002-5</u> NCR No. _____	<b>DISPOSITION</b> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input checked="" type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b> <table style="width:100%; font-size: small;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input checked="" type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input checked="" type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input checked="" type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input checked="" type="checkbox"/>				Missing the follow up steps			<i>AS</i> 13/04/24	<i>MA</i> 13.04.25	
Equip/Tooling <input type="checkbox"/>				install labels. As per Draw.					
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

## FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
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<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	<input type="checkbox"/> Other
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*2.1. Improper creation of work order.*

# Picklist Print

Thursday, April 18, 2013 8:06:40 AM

Page 1

Work Order ID: 100089

Parent Item: D4002-5

Parent Item Name: Hose Assembly

Start Date: 4/18/2013

Required Date: 5/3/2013

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP rev A 09.12.23 new Issue Prelim EC verified by: DD IPP rev B 10.05.13 ecn10-562  
EC verified by:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
156003-6D0102 Hose Assembly		Purchased	No			110	Each	0.0000	1	6	10	3/4/22 (10)	
D2729-1 Dart Logo label		Manufactured	No			130	Each	0.0000	0	0	0	3/04/24	
*D2182-045 Heat Shrink 4.5" Long		Manufactured	No			130	Each	0.0000	1	6	0	3/04/24	

10x  
326009

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

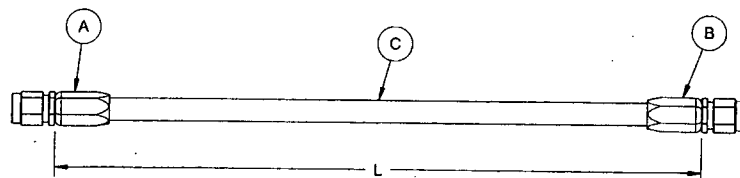
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

**FAULT CATEGORY**

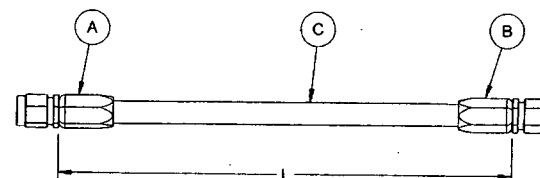
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

DART AEROSPACE PART NUMBER	JOHN CAMERON AVIATION PART NUMBER
D4002-1	REF JCA-M47-1-13
D4002-3	REF JCA-M47-1-16
D4002-5	JCA-M47-2-13
D4002-7	JCA-M47-2-25

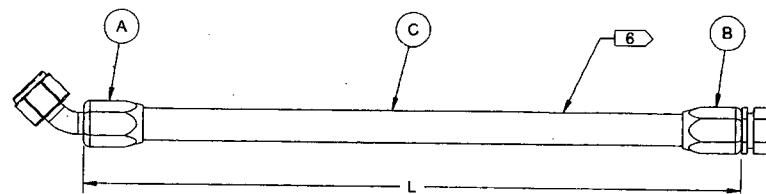
## SPECIFICATION CONTROL DRAWING



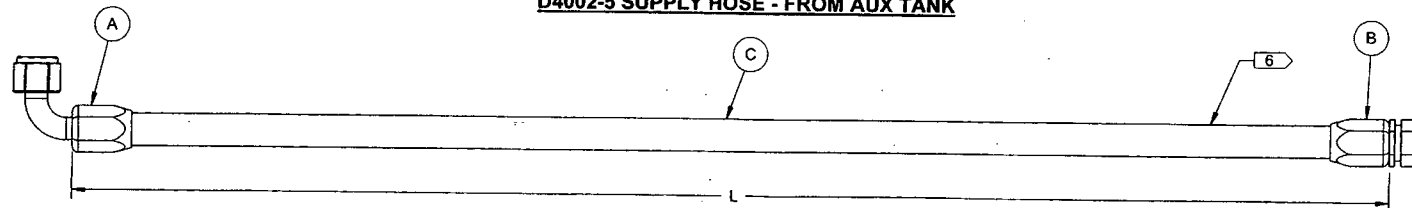
**D4002-1 HOSE ASSEMBLY**



**D4002-3 HOSE ASSEMBLY**



**D4002-5 SUPPLY HOSE - FROM AUX TANK**



**D4002-7 SUPPLY HOSE - PUMP TO MAIN TANK FILLER NECK**

DART PART NUMBER	STRATOFLEX PART NUMBER	POSSIBLE VENDOR	LENGTH "L"	END FITTING "A"	END FITTING "B"	HOSE "C"	WEIGHT
D4002-1	156001-3S-0185	AVIALL/API	17.90	676-3S	676-3S	156-3	0.16 lbs
D4002-3	156001-3S-0154	AVIALL/API	14.76	676-3S	676-3S	156-3	0.15 lbs
D4002-5	156003-6D-0102	AVIALL/API	8.94	678-6D	676-6D	156-6	0.13 lbs
D4002-7	156005-6D-0213	AVIALL/API	20.31	680-6D	676-6D	156-6	0.19 lbs

### NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N AND B/N USING D2729-1 LABEL INSTALLED WITH D2182-045 HEAT SHRINK
- 7) WEIGHT: SEE TABLE

DESIGN	BC	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
DRAWN	BC	DRAWING NO. <b>D4002</b>	REV. D
CHECKED	BC		SHEET 2 OF 2
MFG. APPR.	BC	TITLE <b>HOSE ASSEMBLY</b>	SCALE NTS
APPROVED	BC		
DE APPR.	BC		
DATE	11.10.06	COPYRIGHT © 2010 BY DART AEROSPACE LTD. THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL, AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

RELEASED  
2011-11-16

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  <div style="display: flex; justify-content: space-around;"> <div>             Rework <input type="checkbox"/>              Scrap <input type="checkbox"/>              Use-as-is <input type="checkbox"/>              Work Order Update <input type="checkbox"/> </div> <div>             Skid-tube <input type="checkbox"/>              Machining <input type="checkbox"/>              Thermoforming <input type="checkbox"/>              Large Fab <input type="checkbox"/> </div> <div>             Crosstube <input type="checkbox"/>              Small Fab <input type="checkbox"/>              Finishing <input type="checkbox"/>              Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/>              Prod. Eng. Coord. <input type="checkbox"/>              Rec/Store/Packaging <input type="checkbox"/>              Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/>              Quality <input type="checkbox"/>              Other <input type="checkbox"/> </div> </div>		<b>AGAINST DEPARTMENT/PROCESS</b>						
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>			
Doc/Data												
Equip/Tooling												
Operator												
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<b>FAULT CATEGORY</b>												
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**DART**  
 AEROSPACE

Dart Aerospace Ltd.  
 1270 Aberdeen Street  
 Hawkesbury, ON K6A 1K7  
 Tel: 613 632 9577  
 Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO19618

Purchase Order Date 4/18/2013

PO Print Date 4/18/2013

Page Number 1 of 2

Order From :

VU-AVI003

AVIALL

PO BOX 842275

DALLAS, TX 75284-2275

USA

Contact Name

905-676-1695

Vendor Phone

905-676-9046

Vendor Fax

Vendor Account Nbr

Buyer

Requisition Nbr

Tax Resale Nbr

Terms

Currency

FOB

Brigitte Golden

10127-2607

Net 30

USD

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN

HAWKESBURY, ON K6A 1K7

CANADA

FAXED

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	193-6	Stratoflex	4/25/2013 Yes	10.00 each	FedEx PI collect	\$6.0800	\$60.80
		Special Inst:	10 pcs of 24"	B 1000 89			
2	193-8	Stratoflex	4/25/2013 Yes	10.00 each	FedEx PI collect	\$10.4200	\$104.20
		Special Inst:	10 PCS OF 24"	B 9000 85			
3	156003-6D0102	Hose Assembly	4/25/2013 Yes	10.00 Each	FedEx PI collect	\$125.1900	\$1,251.90
		Special Inst:	PER DWG: D4002 REV: D B100089				
4	156005-6D0213	Hose Assembly	4/25/2013 Yes	10.00 Each	FedEx PI collect	\$144.5300	\$1,445.30

No substitution or deviation without consent.

Certificate of Conformity or Material Certification required - YES NO

Change Nbr: 3

Change Date: 4/18/2013



## PROFORMA INVOICE

PAGE: 1  
DATE: 04/19/13  
TIME: 13:36  
EMP#: 22611

CUSTOMER P.O.: 19618

SHIPMENT NBR:

78575

ORDER NUMBER: 0013415191-

78575

ORDER DATE: 04/18/13

SHIP VIA: FED PLAM - COLLECT

ORD TYP: RG  
CURRENCY: USDB  
I  
L  
T  
O  
032028  
DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY ON K6A 1K7  
CANADAS  
H  
I  
P  
T  
O  
DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY ON K6A 1K7  
CANADAS  
H  
I  
P  
F  
R  
O  
M  
41270  
AVIALL DALLAS HOSE SHOP  
AVIALL  
HOSE SHOP  
2755 REGENT BLVD  
DFW AIRPORT TX 75261-9048  
U.S.A.

LINE	MFG	ITEM DESCRIPTION	ORDER QUANTITY	SHIP QUANTITY	BACK ORDER	UOM	UNIT PRICE	EXTENDED UNIT PRICE
------	-----	---------------------	-------------------	------------------	------------	-----	------------	---------------------

PLEASE SHIP FEDEX P1 ON CUSTOMER ACCOUNT  
NUMBER 1517-9324-0, AWB# MUST REFERENCE  
THE PURCHASE ORDER NUMBER, SHIP TO THE  
ATTN OF CHANTAL 613-632-9577

1	1S	156003-6D0102 HOSE: MED PRESSURE, RUBBER REIN ST, REF: Schedule B: 4009.22.0050 LOT 51251951 EA Country of Origin: U.S.A.	10	10		0 EA	125.19	1,251.90
							ECCN: 9A991.d	
2	1S	156005-6D0213 HOSE: MED PRESSURE, RUBBER REIN ST, REF: Schedule B: 4009.22.0050 LOT 51251952 EA Country of Origin: U.S.A.	10	10		0 EA	144.53	1,445.30
							ECCN: 9A991.d	

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Aviall is not providing OEM parts. Aviall is an authorized Stratoflex distributor providing TSO

## CERTIFICATE OF CONFORMANCE

It is hereby certified that Aviall Services, Inc., is an approved distributor and meets all requirements of ISO9001, AS9100, AS9120 and AC 00-56 at 2750 Regent Blvd. DFW Airport, Texas. The products, articles or parts referenced on this document are in new or overhauled condition and were purchased from an approved source (FAA, EASA, TCCA, Mil Spec or Commercial). The Original Manufacturers' Certifications are maintained on file at our central office location, and copies are available upon request or at Aviall.com. For overhauled or repaired products, articles or parts, the original FAA 8130-3 / EASA Form 1 (Return to Service) or Yellow Tag, from the FAA/JAA/EASA approved Air Agency are attached to the component.

JR Hofmann, Director, Quality Assurance &amp; Training

04/19/13

Date

DISCOUNT TERMS APPLY ONLY TO SUB TOTAL. ALL RETURNED  
MERCHANDISE SUBJECT TO HANDLING FEE.THIS IS TO CERTIFY THAT AVIALL HAS COMPLIED WITH THE PROVISIONS  
OF THE FAIR LABOR STANDARDS ACT OF 1938 AMENDED.

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